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	PATENT A	PPLICATIO	)	l ''			<b>9</b> 2				
CLADAS AS ELLED , PART I OTHER THAN											
CLAIMS AS FILED - PART I (Column I) (Column 2)						SMAI	L ENTITY	OR	SMALL E		
FOR		NUMB	NUMBER FILED NUMBER		EXTRA	RATE FEE		7	RATE	860	
	SIC FEE CFR 1.16(a))	. \$1					<u> </u>	OR		s	
	AL CLAIMS CFR 1.16(c))	5	53 minus 20 = 1 3			x \$=		OR	x \$ 18 =	594	
	EPENDENT CLA	AIMS	13 minus 3 = 1 / C			x	_3	OR	x <b>8</b> 0 =	800	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))						+	_#	OR	+ =		
If the difference in column 1 is less then zero, enter "0" in column 2						тот	AL	OR	TOTAL	2254	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMAI	LL ENTITY	OR	OR SMALL ENTITY		
AMENDMENT A	***************************************	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$	=	OR	x \$=		
	Independent (37 CPR 1.14(b))	•	Minus	***	=	x	_=	OR OR	x=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.1648)					+	_=	OR	+=		
(Column 1) (Column 2) (Column 3)						TOTA ADDIT. FI		OR	TOTAL DDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•	Minus	**	=	× s	_=	OR	x \$=		
	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x	_ =	OR OR	x =		
₹	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT CLAIM	(37 CFR 1.16(d))	+	.=	OR	+=		
(Column 1) (Column 2) (Column 3)						TOT ADDIT. F		OR <sub>A</sub>	TOTAL DDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	_ =	OR	x <b>5</b> =		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_=	OR OR	x=		
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR ).16(d)					+	_ =	OR	+=		
• 11	the entry in colum	nn l is less than the	entry in colum	n 2. write "0" in colu	nn 3.	TOT		OR	TOTAL DDIT. FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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